

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

757 017661

State File No. ....

FILED MAY 21 1957

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>4247</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. CITY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u> c. LENGTH OF STAY (in this place) <u>25 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Grand Avenue</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Jasper</u> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>West Grand Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Alice</u> c. (Last) <u>Bradford</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 25, 1869</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Barton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William H. Cones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Shoults</u>	
14. NAME OF HUSBAND OR WIFE <u>James A. Bradford</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Porter, Jasper, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Regurgitation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>1953</u> to <u>May 4, 1957</u> , that I last saw the deceased alive on <u>May 3d, 1957</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Darwin Magee D.O.</u>		23b. ADDRESS <u>Jasper, Mo.</u>				23c. DATE SIGNED <u>5/7/1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-8-57</u>		REGISTRAR'S SIGNATURE <u>W. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Selvey</u> ADDRESS <u>Jasper, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 5 1957

Jasper County Health Office  
County File Number 1957-52-5-5118  
Date Filed MAY

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo W. Newcomb*

Licensed Embalmer No. *4671*

P. O. Address *Lockwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.